

1778

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. Bludsoe

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH      Arizona State Board of Health

1. PLACE OF DEATH      Prima      State ARIZONA      State File No. 720      Registered No. 720

County Tucson      or Village 720 3rd av      Ward 720

City Tucson      No. 720 3rd av      St. 720      (If death occurred in a hospital or institution, give its NAME in place of street and number)

Length of residence in city or town where death occurred 2 yrs. 1 mos. 1 ds.      How long in U. S. if not foreign born? 2 yrs. 1 mos. 1 ds.

2. FULL NAME Miles Staudish      How long in State when death occurred? 2 yrs. 1 mos. 1 ds.

(a) Residence: No. 720 3rd av      St. 720      Ward 720      (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>married</u>
5a. If married, widowed, or divorced HUSBAND of <u>Irene Staudish</u> (or) WIFE of		
6. DATE OF BIRTH (month, day, and year) <u>Jan 6 - 1887</u>		
7. AGE	Years <u>47</u> Months <u>8</u> Days <u>12</u>	If LESS than 1 day, hrs. <u>12</u> or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>night Watchman</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
		11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) <u>North Dakota</u> (state or country)		
MOTHER	13. NAME <u>Fred Carl Staudish</u>	
	14. BIRTHPLACE (city or town) <u>Milwaukee</u> (State or country) <u>Wis</u>	
	15. MAIDEN NAME <u>Arabella Pitts</u>	
	16. BIRTHPLACE (city or town) <u>Milwaukee</u> (State or country) <u>Wis</u>	
17. INFORMANT <u>Irene Staudish</u> (Address) <u>Tucson Ariz</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Burial</u> Place <u>Englem</u> Date <u>9-20</u> , 19 <u>34</u>		
19. UNDERTAKER <u>Parker-Brimshaw</u> (Address) <u>Tucson Ariz</u>		
20. Filed <u>9-20</u> , 19 <u>34</u> Registrar <u>Dr. Bludsoe</u> (Address) <u>Tucson Ariz</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 18, 1934

22. May 1934 to Sept 18, 1934

I HEREBY CERTIFY That I attended deceased from May 1934 to Sept 18, 1934; death is said to have occurred on the date stated above, at 2:20 P.M.

The principal cause of death and related causes of importance were as follows: Myocarditis - June 1934

Date of Onset June 1934

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical      Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence) fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so specify \_\_\_\_\_  
(Signed) Dr. Bludsoe      M. D.      (Address) Tucson Ariz

10M-3-21-33 MS-50301--FORM 3      Back of Certificate to be used for any Additional Information